

**Mental Health & Substance Abuse Working Committee  
Summary Notes  
November 19, 2003**

**I. Introductions**

Welcome by Don Berk, Committee Chair, and Evalyn Greb, Chief, Long Term Care Integration, followed by self-introductions of others in attendance.

**II. Staff Clarifications & Group Discussion**

In previous meetings, the Working Committee identified several issues that require further discussion and explanation in order for the group to be able to make a recommendation to the larger Mental Health & Substance Abuse Workgroup by February 2004. The following clarifications and discussion points were made during the meeting:

- Integration is defined by LTCIP legislative authority (AB 1040). AB1040 describes integration from a funding perspective where one consolidated long term care fund allows greater flexibility with the capitated health care dollar to provide necessary health, social and supportive services that wrap around the client. The client or consumer is at the center of the system. The vision is to integrate major public funding streams (Medicare and Medicaid) AND medical and social services.
- See handout for more detail re three local strategies currently planned for LTCIP (Attachment I). It was suggested to look more closely at the Healthy San Diego (HSD) MOU for specialty mental health services and how it relates to the Health Plan Pilots strategy.
- LTCIP funding steam handout was distributed to committee members (Attachment II). The chart describes Medicaid waiver options (1915 b and c) and the various types of services that fall under each funding stream. The chart will be updated to include the Medicare side, but in general, Medicare funding covers acute care so it would overlap the "Medi-Cal Primary & Acute" category.
  - Approximately 95,000 Aged, Blind and Disabled (ABD) are eligible under the "Medi-Cal Primary & Acute" 1915 (b) waiver category.
  - Approximately 25,000 of the 95,000 are eligible under the "Medi-Cal Long Term Care, including IHSS" 1915 (b) waiver category.
  - There are currently 1000 slots in San Diego for 1915 (c) "Home & Community Based Care Services (w/IHSS residuals)" category. LTCIP plans to ask for additional consumer-directed slots. HCBS would be available to all LTCIP enrollees based on need with the goal of preventing more acute levels of care, regardless of whether or not the enrollee is nursing home certifiable.
  - Specific mental health and substance abuse services need to be added to list of 1915 (c) waiver services (e.g., age-specific crisis services, residential services/adult foster care, other mental health resources).
- Care management team will work with client and caregiver to develop individualized care plan; this general approach focuses more on individual needs assessment/determination rather than on creating specific age categories to determine level of need.
- Waivers can allow that provider who has the primary relationship with client (and who the client feels is their primary provider) will be considered the PCP on the care management team; the MH/SA working committee may want to consider making a recommendation to include this type of language in the waiver request re psychiatrists and the mentally ill population.
- Older adult mentally ill (OA/MI) have more complicated and complex needs compared to younger MI and often compete with younger MI for resources. Concern was expressed that OA/MI will get lost in system if age of client is not taken into consideration.
- Concern was also expressed over lack of geriatric specialists/expertise to serve growing OA population. Working Committee may want to consider making a recommendation to include language in the HCBS waiver (1915 c) for identifying mental health & substance abuse service/geographic gaps and ensuring that all services and geographic areas are covered under LTCIP.
- Aggressive MI are hard to place and often end up in acute care setting, which can be financially draining on a system. Working Committee may want to consider a recommendation that recognizes the importance of

providing appropriate services based on unique, individualized needs as well as taking necessary precautions to guard against MH/SA rationing.

- Other possible recommendations to consider:
  - Ensure that providers, patients, and caregivers are educated and knowledgeable about how to make informed healthcare decisions and provide appropriate (i.e., age-specific) mental and physical health care.
  - Possible phase-in strategies for MH/SA populations and service areas.
- General practitioners are being more incentivized to be more aware of mental health and substance abuse needs in older adults because of findings from CHIP Suicide Study.
- Suggestion was made that Dr. McCahill be asked to present to group again on St. Vincent de Paul's integrated model of care for the homeless (e.g., utilization and/or financial breakdown of MH/SA services versus physical or other support services; age/service comparison, gaps in care, how resources are managed/prioritized, etc).
- MH/SA options to-date:
  - Include population w/primary MH &/or SA diagnosis and provide all services within the LTCIP system (i.e., carve-in both MH/SA services and populations).
  - Include population with primary MH &/or SA dx and refer out to the existing system for specialty services, like HSD currently does.
  - Do not include the population with primary mental health and/or substance abuse diagnosis in LTCIP, but provide necessary mental health and substance abuse services for all others.

### **III. Future Meetings**

- Next smaller working committee meeting on **December 18, 2003 from 2:30-4:00 at AIS, 9335 Hazard Way (upstairs Training Room), San Diego, 92123.**
- The working committee will provide the full Mental Health & Substance Abuse Workgroup with a status report at **the re-scheduled full workgroup meeting on January 7, 2004 from 4:00 to 5:30 at Pt. Loma Nazarene University-Mission Valley, 4007 Camino Del Rio South, San Diego, 92108.**

### **IV. Adjourn**

If you have questions or would like more information, please call (858) 495-5428 or email: [evalyn.greb@sdcounty.ca.gov](mailto:evalyn.greb@sdcounty.ca.gov) or [sara.barnett@sdcounty.ca.gov](mailto:sara.barnett@sdcounty.ca.gov)